



# City of Lansing

## Minority/Woman/Person with Disability Owned Firm Self-Certification Form

Return to: City of Lansing  
Purchasing Office  
124 W Michigan Ave 8th Fl  
Lansing, MI 48933

517.483.4124 (phone)  
517.483.4524 (fax)

E-mail: [purchasing@ci.lansing.mi.us](mailto:purchasing@ci.lansing.mi.us)

Website: [www.finance.cityoflansingmi.com/purchasing](http://www.finance.cityoflansingmi.com/purchasing)

Notes: Please complete this form only if your business is at least 51% owned, operated and controlled by a minority, woman or person with a disability and your business is not already certified by another agency.

If your firm is certified by another agency such as the MMBDC, MDOT, SBA or MWBA, please complete questions 1-4 below and attach a current copy of your certification certificate.

Return the requested information to the address above.

1. Name of Firm: \_\_\_\_\_  
Federal Employer ID Number: \_\_\_\_\_ (IRS 941 Form)
2. Mailing Address of Firm: \_\_\_\_\_  
Street Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Website Address \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_
3. This firm is seeking certification as a:
  - a) ☐ **Minority Owned Business:** \_\_\_\_ Black /African American, \_\_\_\_ Latino / Hispanic American,  
\_\_\_\_ Asian Pacific American, \_\_\_\_ Native American  
\_\_\_\_ Asian-Indian American
  - b) ☐ **Woman Owned Business**      ☐ **Person with Disability Owned Business**

4. Indicate services, commodities for which the firm would like to be recognized:


5. Identify **ALL** individuals who own or share ownership of this firm:

Name	Race	Gender	% Of Ownership	Yrs Of Ownership

6. This firm is ☐ Sole Proprietorship ☐ Partnership ☐ Joint Venture ☐ Corporation  
☐ Limited Liability ☐ Other (please specify): \_\_\_\_\_

7. Identify all individuals (owners and non-owners) who are responsible for the firm's day-to-day management including, but not limited to, those with primary responsibility for:

	Name	Race/Gender	Title	Yrs. with Firm
Financial Decisions				
Marketing & Sales				
Hiring & Firing of Personnel				
Purchasing Major Items & Supplies				
Supervision of Field Operations				
Signing of Legal Documents				

8. **References.** List most significant clients, projects or jobs within the past two years.

Name of Company	Contact Name / Title	Telephone

9. Submit Resumes of all owners who are responsible for the day-to-day management of the firm.  
Provide a copy of owners drivers license.

# AFFIDAVIT

**(Please complete this portion of the form in the presence of a notary)**

In understanding of the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the status of the firm, I/we do herein certify under penalties which may be imposed by the City of Lansing that this information may be used for the purpose of self-certifying the firm named in item one, page one as a Minority, Woman or Person with Disability owned Business. I/we agree to make available for inspection to the Purchasing Office any such information, which may be required to substantiate the degree of minority, female and/or disabled ownership and control of the firm. I/we also agree to arrange for on-site inspections of our firm's facilities in order to verify information provided in this document. I/we further agree that if, after completing this application, there are any significant changes in the information submitted, I/we shall notify the Purchasing Office of those changes as soon as possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Name of Firm \_\_\_\_\_

Corporate Seal (where appropriate)

## TO BE COMPLETED BY NOTARY:

State of \_\_\_\_\_ County of \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me appeared

(Name) \_\_\_\_\_, to me personally

known, who, being duly sworn, properly did execute the foregoing affidavit, and did state that he or

she was properly authorized by (Name of Firm) \_\_\_\_\_

to execute the affidavit and did so as his or her free act and deed.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

***This affidavit declares said firm to be minority, woman or disabled owned business and said affidavit shall become a matter of public record.***